

**CHESTERFIELD COUNTY POLICE DEPARTMENT**  
**Background Prescreening Worksheet**

**PERSONAL HISTORY:**

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ U. S. Citizen? **Yes / No**

Have you applied with our department in the past? **Yes / No**. If yes, when? \_\_\_\_\_

**OPERATOR'S LICENSE:**

Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has your Operator's License ever been suspended or revoked? **Yes / No**. If yes, date \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of driving on a revoked/suspended license? **Yes / No**. If yes, where and when? \_\_\_\_\_

Have you ever held an operator's license in another state(s)? **Yes / No**. If yes, list state(s) and license no.(s):  
\_\_\_\_\_

Furnish information on any summons or arrests, including any traffic and criminal violations anywhere, either as a juvenile or adult. (Attach sheet for additional information)

<u>Date</u>	<u>Charge/Violation</u>	<u>Location</u>	<u>Court Findings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRUG USE:**

Have you ever, as a juvenile or adult, experimented or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc.? **Yes / No**. Explain what drug(s), when, what age, level of use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE RECORD:**

Have you or any family member been arrested for or convicted of a felony? **Yes / No.** If Yes, explain in detail: \_\_\_\_\_

Have you ever been stopped or detained by the police? **Yes / No.** If Yes, explain: \_\_\_\_\_

**FINANCIAL STATUS:**

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgement against you? **Yes / No.** If Yes, when / circumstances / current status? \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Diploma/GED: \_\_\_\_\_  
College: \_\_\_\_\_ State: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_  
Currently Enrolled: **Yes / No.** Degree Rec'd. (Date /Type): \_\_\_\_\_

**LAW ENFORCEMENT EXPERIENCE:**

1. Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
2. Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_ Rank: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ Primary Duties: \_\_\_\_\_

**SEX:** - Male / Female      **RACE:** (Circle the appropriate letter)  
**A** - White | **B** - Black | **C** - Hispanic American | **D** - Asian American |  
**E** - American Indian

**REFERRAL:** (Circle primary source only)

Cable TV _____	Career Fair _____
Jobline _____	County Employee _____
Virginia Employment Commission _____	Publication _____
Newspaper _____	Vacancy Announcement _____
Other _____	

**DATE AVAILABLE FOR EMPLOYMENT:** \_\_\_\_\_

**CERTIFICATION:**

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. Any willful omission or misrepresentation of fact on this questionnaire may be grounds for rejection of my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_